

AUG 25 2005

PTO/SB/21 (03-03)

Approved for use through 04/30/2003. OMB 0851-0031

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/777,359	
	Filing Date	02/12/2004	
	First Named Inventor	RIZO, Andres Marmolej	
	Art Unit	1654	
	Examiner Name	EWOLDT, Susan Beth	
Total Number of Pages in This Submission	9	Attorney Docket Number	282.100

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to a Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below)
Remarks Form SB 17 Fee Transmittal = 1 page Form SB 21 Transmittal = 1 page Reply & Amendment = 6 pages Form PTO 2038 = 1 Page		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual	Michael A. Shippey
Signature	<i>Michael A. Shippey</i>
Date	08/25/2005

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: 08/25/2005			
Typed or printed	Michael A. Shippey		
Signature	<i>Michael A. Shippey</i>	Date	08/25/2005

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PTO/SB/17 (12-04v2)

Approved for use through 07/31/2006 OMB 0651-0032

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818) FEE TRANSMITTAL For FY 2005		Complete if Known Application Number 10/777,359 Filing Date 02/12/2004 First Named Inventor RIZO, Andres Marmolejo Examiner Name EWOLDT, Susan Beth Art Unit 1654 Attorney Docket No. 282.100	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT	(\$)	225	

METHOD OF PAYMENT (check all that apply)

☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☐ Deposit Account Deposit Account Number: _____ Deposit Account Name: _____

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims _____ Extra Claims _____ Fee (\$): _____ Fee Paid (\$): _____
 HP = highest number of total claims paid for, if greater than 20.
 Indep. Claims _____ Extra Claims _____ Fee (\$): _____ Fee Paid (\$): _____
 4 - 3 or HP = 1 x 100 = 100
 HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	_____	_____	_____	_____

_____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Application extension fees _____

Fees Paid (\$) 225

SUBMITTED BY		Registration No. 30040	Telephone 714-693-9110
Signature	Michael A. Shippy	(Attorney/Agent)	
Name (Print/Type)	Michael A. Shippy	Date	08/12/2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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MICHAEL SHIPPEY, PH.D
TECHNICAL CONSULTANT & PATENT AGENT

AUG 25 2005

Law Offices of
KARLA SHIPPEY

4848 Lakeview Avenue, Suite B
Yorba Linda, CA 92886-3452



Toll Free: (800) 693-9110
Telephone: (714) 693-9110
Facsimile: (714) 693-7980

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Filed Via RightFax to:

August 25, 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Date: Thursday, August 25, 2005 Application No.: 10/777,359 Filed: 02/12/2004
Examiner Susan Beth McCormick Ewoldt Art Unit 1654 Office Action dated 02/25/2005
In re the Application of: Andres Marmolejo Rizo For: **MEDICINAL COMPOSITION**
Attorney Docket number: 282.100

REPLY AND AMENDMENT

Commissioner for Patents
Alexandria, VA 22313-1450

Sir:

Please amend this application, in the claims, as set forth on the following pages, and consider the remarks extended on behalf of the instant application. The claims are amended to conform to current amendment practice.

Respectfully yours,

Michael A. Shippey

Michael A. Shippey

Registration No.: 45,588

Customer code: 030040

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